ANNEX II: TERMS OF REFERENCE

**External expertise for overall management, Wp t2 “Pilot 1: Infarct.NET in CB territories” and WP t3 “Pilot 2: Platform for Integrated Care Pathways (ICP) in Neurodegenerative diseases (NDDs)”**

**Project title: Promoting eHealth in cb Areas by Stimulating local Economies (PHASE)**

**Interreg IPA CBC Italy-Albania-Montenegro Programme**

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# BACKGROUND INFORMATION

## Partner country

Republic of Albania

## Contracting authority

Qendra Kombëtare e Urgjencës Mjekësore (QKUM)

## Country background

The PHASE project aims at creating the right conditions for the boost of eHealth sector in CB area, by providing services and supporting local MSMEs as well as increasing competence and awareness in public authorities and empower patients and caregivers. According to the Commission Recommendation 2003/361/EC, MSMEs definition includes any entity which provide services or product on the market. Therefore, also healthcare professionals, physicians, nurses can be considered as MSMEs. Many of the non-financial services provided by the Phase project addresses just this specific category of workers.

Beside the fact that eHealth is a strategic sector significant progress still need to be achieved. IPA countries are making limited efforts to align with EU standards in terms of innovative services organization, using digital platforms and sharing services among citizens. The development of such sector will be beneficial for the whole programme area, not only for the improvement of public and private healthcare services, but it can also contribute to boost innovation and competitiveness of MSMEs working in the fields of digital technologies and traditional healthcare services.

The PHASE project aims at creating the right conditions for the boost of eHealth sector in cross-border area, by providing services and supporting local MSMEs as well as increasing competence and awareness in public authorities and empower patients and caregivers. Through the development of the

3 pilots, the PHASE project aims at validating technological platforms and models of eHealth ecosystem which will act as a facilitator of competitiveness for many local MSMEs providing digital or social assistive services. Phase project will improve the overall health and the quality of life of citizens in the cross-border area by using ICT, improving disease self-management and delivering health-related services directly to the patients.

## Current situation in the sector

Cardiovascular diseases, neurodegenerative diseases, the ageing of population and the request for a high quality of life (ageing well) pose critical challenge to EU and IPA countries as well. On the other side, advancements in ICT and digital technologies applied to healthcare promise a disruptive approach, increasing efficiency and quality of services. The eHealth business sector and local MSMEs play a fundamental role in the development, the adoption and the diffusion of such systems. Just consider that revenues in the "eHealth" market amounts to more than € 3billion in 2018 and they are expected to show an annual growth rate (CAGR 2018-2020) of 14.3%. As also specified in the Work programme, the countries need to fill the gap with the EU average in terms of quality and availability of care, life expectancy and efficiency of the healthcare system.

PHASE project will propose a complete shift in the traditional paradigm of the healthcare services is needed, a revolution that will require not only a change in current healthcare policies and institutions, but mostly a boost in eHealth business sector competitiveness which is retained as the main driver for innovation as well as a massive empowerment of patients and caregivers in cross-border area. The PHASE project aims at: 1. creating an ecosystem of policies, standards, practices and tools which will

act as facilitator of competitiveness of MSMEs in the sector of healthcare and e-health; 2. boosting the creation and the development of eHealth MSME sector by providing non-financial services; 3. promoting the cross-border cooperation among private and public stakeholders through the creation of an international network.

The main expected results of the project are the development of digital healthcare market and the

improvement of competences and skills of local MSMEs. The PHASE project will spur ICT enterprises to develop innovative products and services. It will also promote forms of aggregation of MSMEs which will increase competitiveness of stakeholders in international markets. Other impacts regard a more efficient and effective models of care for different diseases within creased involvement and better adherence of patients, improved interaction among patients and healthcare professionals, among healthcare professionals for the patients follow up. The PHASE project is expected to reduce healthcare-related costs while maintaining or increasing the quality of the provided care.

## Related programmes and other donor activities

The project “Promoting eHealth in cb Area by Stimulating Local Economies” is one of the projects implementing under Interreg IPA CBC Italy-Albania-Montenegro Programme’s priority related to Strengthening the cross-border cooperation and competitiveness of SMEs.

The PHASE project contributes to Europe 2020 strategy on several cross-cutting aspects of innovation. It promotes innovation in technology, healthcare and business sector, increasing competitiveness of MSMEs, raising awareness in public authorities and empowering patients and general public. PHASE project contributes significantly to EUSAIR strategy on cross-cutting aspects of “Research and Innovation” and “Capacity Building”.

# OBJECTIVES & EXPECTED OUTPUTS

## Overall objective

The overall objective of the contract is to provide support to QKUM for overall management of the phase project and for Working Package T2 and T3 for the implementation of the activities foreseen under these working package.

## Specific objective(s)

The overall objective (Impact) to which this action contributes is:

- To provide overall management of the implementation of the project;

- Implementation of the activities foreseen in the Pilot 1 and in particular:

* n.1 CB service for infarct.net n.2 workshops for cardiologists (6 clinical PP x 1 course/year x 2 years)
* n.2 workshops for nurses and operators (6 clinical PP x 1 course/year x 2 years)
* n. 1 conference to present the initiative (1 per clinical PPs + MoH) n.1800 acute patients treated with the net at CBC level n.1 multidisciplinary analysis of results.

## Expected outputs to be achieved by the contractor

The expected outputs of this contract are as follows:

* Management and dissemination of PHASE project and improve the awareness of PHASE Pilots.
* Activities under Working Package T2 and T3 are implemented in quality and timely manner.

# ASSUMPTIONS & RISKS

## Assumptions underlying the project

* Completion of the tasks according to the time schedule established and budget allocated;
* Effective and efficient coordination and cooperation among Project Partners involved in the Project;
* All the necessary information and data needed for good implementation of the project will be made available;

## Risks

* Administrative of Political changes

Any changes in the administration or the structure of the project’s partner, could cause delays in project implementation.

* Delay in project’s actually start day

After project’s approval and the signature of the Subsidy Contract the actual activities start date may be delayed for some partners due to the lack of detailed action plan.

# SCOPE OF THE WORK

## General

### Description of the assignment

The contractor will provide support to QKUM for overall management of the phase project from a technical and financial point of view. Support will provided for implementation of the activities foreseen in the Pilot 1for Working Package T2 and as well as for Working Package T3 for the implementation of the activities foreseen in the Pilot 1 and in particular: n.1 CB service for infarct.net n.2 workshops for cardiologists(6 clinical PP x 1 course/year x 2 years) n.2 workshops for nurses and operators (6 clinical PP x 1 course/year x 2 years) n.1 conference to present the initiative (1 per clinical PPs + MoH) n.1800 acute patients treated with the net at CBC level n.1 multidisciplinary analysis of results. In T2.4 is heavily labour intensive as specialist physicians and healthcare personnel (existing staff and newly recruited).

### Geographical area to be covered

Albania

### Target groups

* Local Healthcare centers and municipalities
* Regional district for healthcare, regional healthcare centers
* Ministry of Health, national authorities for regulation
* Common population, people interested in eHealth for personal curiosity

## Specific work

The Contractor shall provide assistance to QKUM:

- To provide overall management of the implementation of the project;

- Implementation of the activities foreseen in the Pilot 1 and in particular:

* n.1 CB service for infarct.net n.2 workshops for cardiologists (6 clinical PP x 1 course/year x 2 years)
* n.2 workshops for nurses and operators (6 clinical PP x 1 course/year x 2 years)
* n. 1 conference to present the initiative (1 per clinical PPs + MoH) n.1800 acute patients treated with the net at CBC level n.1 multidisciplinary analysis of results.

The contractor experience for such activities will be an added value during the evaluation process.

The Contractor shall be given relevant details about all the above requirements immediately after the contract signing. Daily communication between Contractor and Contracting Authority about the progress of implementation of tasks, possible problems, etc, is a necessity.

The contractor must also comply with the latest Communication and Visibility Manual for EU External Actions concerning acknowledgement of EU financing of the project. (See <https://ec.europa.eu/europeaid/communication-and-visibility-manual-eu-external-actions_en>.

## Project management

### Responsible body

Qendra Kombëtare e Urgjencës Mjekësore (QKUM).

### Management structure

The Contracting Authority will appoint a Project Manager who will supervise and monitor the implementation of the contract on behalf of the Contracting Authority.

The Contractor will assist on proper functioning and implementation of the contract by supporting the QKUM. The Contractor has overall responsibility for ensuring sufficient visibility for project activities.

### Facilities to be provided by the contracting authority and/or other parties

No facilities will be provided by the Contracting Authority.

# LOGISTICS AND TIMING

## Location

The project location and its operational base will be in Tirana, Albania.

## Start date & period of implementation of tasks

The intended start date is January 2023 and the period of implementation of the contract will be 6 months from this date. Please see Articles 19.1 and 19.2 of the special conditions for the actual start date and period of implementation.

# REQUIREMENTS

## Staff

Note that civil servants and other staff of the public administration of the partner country, or of international/regional organisations based in the country, shall only be approved to work as experts if well justified. The justification should be submitted with the tender and shall include information on the added value the expert will bring as well as proof that the expert is seconded or on personal leave.

### Key experts

Not applicable

### Other experts, support staff & backstopping

The Contractor will provide support facilities during the implementation of the Contract.

The costs for backstopping and support staff, as needed, are considered to be included in the tenderer's financial offer.

## Office accommodation

Not applicable

## Facilities to be provided by the contractor

The contractor shall ensure that experts are adequately supported and equipped. In particular it must ensure that there is sufficient administrative, secretarial and interpreting provision to enable experts to concentrate on their primary responsibilities. It must also transfer funds as necessary to support their work under the contract and to ensure that its employees are paid regularly and in a timely fashion.

## Equipment

**No** equipment is to be purchased on behalf of the contracting authority / partner country as part of this service contract or transferred to the contracting authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

# REPORTS

## Reporting requirements

Upon completion of all tasks, the Contractor shall submit the report of maximum 10 pages, in English language, in electronic form in pdf format and in usual editable digital text processor format, which summarizes the activities of the Contractor – deadline: 2 working days upon completion of all tasks. Contracting Authority shall provide the signed note of acceptance within 5 days after report submission, which is the base for issue of final invoice and execution of payment.

## Submission and approval of reports

The report referred to above must be submitted to the project manager identified in the contract. The project manager is responsible for approving the reports.

# MONITORING AND EVALUATION

## Definition of indicators

The indicator of the successful implementation of the contract is “Services provided in timely, quality and quantity manner, as required in these Terms of Reference”.

## Special requirements

Not applicable